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TO: Examiner C. Huynh
Group Art Unit 2178

FROM: Michael K. O'Neill

RE: U.S. Application No. 10/004,447
Atty. Docket No.: 03630.000326

FAX NO.: (571) 273-8300

DATE: November 9, 2005

NO. OF PAGES: 12
(including cover page)

TIME: 5:15 pm

SENT BY: Charles

MESSAGE

Attached is an Amendment in response to the Office Action dated August 9, 2005.

I hereby certify that this correspondence is being facsimile transmitted to
the U.S. Patent and Trademark Office on:November 9, 2005
(Date of Deposit)Michael K. O'Neill, Reg. No. 32,622
(Name of Attorney for Applicant)

Signature

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In re Application of:

Docket No. 03630.000326

RICHARD YARDUMIAN, et al.

Application No.: 10/004,447

Examiner: C. Huynh

Filed: December 5, 2

Group Art Unit: 2178

For: DIRECTORY FOR MULTI-PAGE
SVG DOCUMENT

Date: November 9, 2005

THE COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 19	MINUS	** 104	= 0	x \$25 \$50	- 0 -
INDEP. CLAIMS	* 4	MINUS	*** 4	= 0	x \$100 \$200	- 0 -
Fee for Multiple Dependent claims \$180/\$360						Prev. Paid
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- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,


Attorney for Applicants
Michael K. O'Neill
Registration No.: 32,622

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